PRINTED: 05/17/2021 FORM APPROVED OMB NO. 0938-0391

CENTER	O FOR MEDICANE	A MILDICAID SERVICES				AND NO.	0000 000 1
AND DIAN OF CORRECTION IN INCIDENTIFICATION NUMBERS		' '		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		43A089	B. WING	_		05/	06/2021
	ROVIDER OR SUPPLIER	CENTER		5	STREET ADDRESS, CITY, STATE, ZIP CODE 515 E 8TH STREET WHITE RIVER, SD 57579		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC (DENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENT	rs	F	000			
	Services (CMS) De comparative Federathrough 5/6/21. Ref (SSA) Event ID F70 cited.  During an initial tou Jeopardy (IJ) was in 5/4/21 at 12:20 PM food sanitation was maintained. A remo	al Monitoring Survey on 5/4/21 fer to State Survey Agency G611. One deficiency was ar of the kitchen, an Immediate dentified. The IJ was called on for failure to ensure kitchen adequately and consistently aval plan was accepted and					
	at 10:40 AM.		F 8	312			
	approved or considerate or local author (i) This may include from local producer and local laws or refull (ii) This provision difficulties from using gardens, subject to safe growing and for (iii) This provision of the constant of the con	e food items obtained directly rs, subject to applicable State					
	serve food in accor standards for food		IATURE		~ mr.e		(X6) DATE
LABORATORY	こうしゅうてんりゅう ヘロ ログハンバ	ER/SUPPLIER REPRESENTATIVE'S SIGN	JATURE		~ 1111 <del>[*</del>		(VO) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	TATEMENT OF DEFICIENCIES AD PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		43A089	B. WING		05/	06/2021	
	PROVIDER OR SUPPLIER	CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 515 E 8TH STREET WHITE RIVER, SD 57579			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFÉRENCED TO THE APPR DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
F 812	This REQUIREMEI by: Based on observareview, the facility is sanitation was ader maintained for all 2 facility who were rekitchen. Specifically not in proper working monitoring chemical dishwasher. There the sanitizer was be dishwashing cycles used for cooking ar 5/1/21 and 5/4/21, correction. In additicompartment sink worder and the staff properly use the threalternative to the didishwasher was not after the entire reside contributed to R27's symptoms which or contributed to R27's	stion, interview, and record ailed to ensure kitchen food quately and consistently 6 residents residing in the ceiving meals prepared in the r, the facility's dishwasher was an gorder and staff was not all sanitizer levels in the was no evidence to show that eing used during the for all dishes and cookware and meal service between requiring immediate on, the facility's three was not in proper working were unfamiliar with how to ree-compartment sink as an shwasher when the t in working order.  Passed the risk of death from foodborne illness and population and may have as gastrointestinal (GI) courred on 5/1/21 and 5/2/21.  PM, an Immediate Jeopardy an IJ Template was provided	F8	12			

TOTAL CONTROL OF THE PROPERTY		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED		
		43A089	B. WING_		05/06/2021	
	PROVIDER OR SUPPLIER	CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 515 E 8TH STREET WHITE RIVER, SD 57579		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION	N
F 812	Immediate action tage of the compartmental serviced and function of the serviced and function. The 3-compartmental services for meal of the compartmental services for meal services for meal of the compartmental services for meal services for meal of the compartmental services for meal of th	d the following acceptable 5/21 at 9:00 AM:  aken: d disposable dishes and ly until the dishwasher was oning properly. ent sink was utilized for zing of all non-disposable preparation and assistive onsumption used by residents. aintenance Supervisor oppers for the inks. cility Administrator etary Manager (DM) and the y about: or chemicals were not in the pliance then the Dietary Designee must be notified 3-compartment sink policy; and dishwasher machine sanitation acility Administrator provided ation to the remaining dietary	F 81			

IDENTIFICATION NUMBER		` '	TIPLE CONSTRUCTION		COMPLETED	
		43A089	8. WING		05	/06/2021
	ROVIDER OR SUPPLIER	CENTER		STREET ADDRESS, CITY, STATE, Z 515 E 8TH STREET WHITE RIVER, SD 57579	IP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 812	sanitation process week, two times a value week for four week and then quarterly compliance.  - The DM or Design compliance of tempreading log. If not for Designee will provist of monitor with auditory compliance.  - All dietary staff (in complete a compete temperatures and sand 3-compartment.  - Audits will be brout compliance. Finding the facility's "Dished at 1/2/21 and repertinent part, "It is ensure dishes and sanitary conditions temperatures;" and dishwasher will be sufficient to sanitize "2. Manufacturer's if for machine washing low temperature disanitization): a. The solution shall be 50 hypochlorite (chlor rinse;" and "Chemic maintained at the con periodic testing	nee will visually audit the of the dishwasher daily for a week for two weeks, then once eks, monthly for four months, until found in substantial nee will daily monitor perature and sanitation ound in compliance, the DM or de re-education and continue liting tools until substantial including new hires) will tency covering the correct sanitation of the dishwasher it sink.		312		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			TE SURVEY MPLETED
		43A089	B. WNG_		05	/06/2021
7 W W W W W W W W W W W W W W W W W W W	ROVIDER OR SUPPLIER	CENTER		STREET ADDRESS, CITY, STATE, ZIP COI 515 E 8TH STREET WHITE RIVER, SD 57579	DE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 812	The facility's "Many Compartment Sink revised on 5/4/21 r To prevent the spre food borne illness, and sanitizes pots, a 3-compartment of standards for food process is used to sanitize dishware of Thorough washing after food particles Second step: Rins soap residues. c. The sink compartment of the sink compartment accommodate immequipment and ute temperature of the ware washing equipment and ute temperature and standards instructions."  The facility's "Dish Daily Log" for May temperature and standards instructions."  The facility's "Dish Daily Log" for May temperature and standards instructions."	delines. Results of this shall be recorded."  Jual Ware Washing-3 Policy" dated 1/2/21 and read, in pertinent part, "Policy: ead of bacteria that may cause this facility washes, rinses, pans, and other utensils using sink in accordance with current safety;" and "2. A 3-step manually wash, rinse and correctly: a. First step: using hot water and detergent have been scraped off. b. ing with hot water to remove all third step: Sanitizing with the least 171 degrees F) for 30 nical sanitizing solution used facturer's instructions;" and "3. nent will be large enough to nersion of the largest ensils;" and "10. The wash solution in the manual inment shall be maintained at degrees F or the temperature eaning agent manufacturer's washer Temperature Sanitizer 2021 was reviewed and anitizer readings for 5/1/21	F 8			

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 05/17/2021 FORM APPROVED OMB NO. 0938-0391

CENTER	KS FUR MEDICARE	& WEDICAID SERVICES			TIVID INO.	0000-0001
STATEMENT	TEMENT OF DEFICIENCIES PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		* * * * * * * * * * * * * * * * * * *			SURVEY PLETED
		43A089	B. WING		05/0	6/2021
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
WHITE RIVER HEALTH CARE CENTER		CENTER		515 E 8TH STREET		
WILL K	IVER REALIR CARE	JERI ER	1	WHITE RIVER, SD 57579		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	D BE	(X5) COMPLETION DATE
F 812	dishware through the dishwasher was a sobtained an appropriate and tested the chewater. After following the sanitizer level with a different test no sanitizer getting tubing (used to dishwashing cycle) stated, "The tube his surveyor request, to "Dishwasher Tempich dietary staff temperature and se shift. The log for M DA and was compliate had been working and 5/4/21, and the monitor the dishwasher sanitizer levels on didn't do the dishwasher sanitizer levels on dishwasher s	age 5 hing loads of breakfast he dishwasher. He stated the "low temperature machine," briate chemical testing strip, mical level in the dishwasher highthe procedure for testing with the testing strip, the DA higher on the strip and stated, "The "The DA tested a second for the chemical sanitizer level hing strip, and stated, "There is hinto the dishwasher. The his broken." The DA further has been broken before." Per he DA obtained the herature Sanitizer Daily Log on hwas to monitor the dishwasher hantizer levels at least once per herature levels at least once herature levels at	F 8	Accepted Removal plan on May 8 @10:40 AM White River Health Care Center I. Resident (27) displays no further symptoms as of Sunday May 2nd All residents had the potential to affected by the findings. Corrective Action Completion: 05/05/2021 Disposable dishes and utensils wutilized until the dishwasher was serviced and deemed functioning properly on 05/05/21, and will conbe used until the dishwasher is seand functioning properly. The 3-compartment sink was utilized for cleaning and sanitizing of all non-disposable items used for kitchen preparation and assisted devices Sippy cups, Nosey cups) and descups, until the dishwasher was fix 05/05/21. Specific education was provided dietary staff on duty immediately 05-04-2021 by Facility Administrathat if temperature or chemicals a in the parameters of compliance the Dietary Manager or Designed be notified immediately. All rema dietary staff were educated by Fa Administrator on 05-05-2021. Ed included the need to use disposalitems for meals if there is a probliwith the dishwasher until it could	ci.e  ci.e  ci.e  ci.e  ci.e  sert  con  cator  are not  then  cation  cation	
	5/4/21 at approxim	ately 9:45 AM, both confirmed		corrected, and use the three- compartment sink for non-dispos	able	

items.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  ABUILDING  AND PLAN OF CORRECTION  ABUILDING  ABU	OLIVILI	TO T OIL MILDIONILE	G WEDIONID OLIVIOLO			טוז טוזוט וענט	. 2330-0331	
WHITE RIVER HEALTH CARE CENTER  (A) D SUMMARY STATEMENT OF DEFICIENCIES SIST STREET  (A) D SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WIST BE FRESCEDED BY BLIL RESULATORY OR LSC IDENTIFYING INFORMATION)  F 812 Continued From page 6  working, and both confirmed the dishwashing machine had broken in the same manner recently before. Neither could remember the last time the dishwasher had been routinely serviced. Cook 2 confirmed dishes and cookware ran through the dishwasher since 51/121 had been used for dining service at all meals between 51/1221 and 51/421.  During an interview with Cook 2 on 51/4/21 at 9:50 AM, the water temperature in the dishwasher was obtained at the hottest part of the dishwasher was obtained at the hottest part of the dishwasher was obtained at the hottest part of the dishwasher was obtained at the hottest part of the dishwasher was obtained at the hottest part of the dishwasher was obtained at the hottest part of the dishwasher and temperature usually ranged between 120 and 130 degrees at hottest part of the dishwasher and temperature usually ranged between 120 and 130 degrees at hottest part of the dishwasher was not working, staff could usually "tweak" the tubing to make it work again, so they had not needed to use the three-compartment sink for that purpose. She further stated that, to her knowledge, no one had recently been in to the facility to service or repair the dishwasher.  On 5/4/21 between 10:45 and 11:03 AM, the DA was observed demonstrating the use of the facility's three-compartment sinks. The drain stoppers on sinks one and two were broken, and				I ` '				
SIMMARY STATEMENT OF DEFICIENCIES   PREFIX TAG   SUMMARY STATEMENT OF DEFICIENCIES   (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG)   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   TAG   REGULATORY OR LSC IDENTIFYING INFORMATION   TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   TAG   REGULATORY OR LARGE IN LAR			43A089	B. WING		05	05/06/2021	
WHITE RIVER, SD. 57579   WAIDER   CAMPARY STATEMENT OF DEFICIENCIES   PROVIDER'S PLAN OF CORRECTION   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION   CAMPACTURE   PROVIDER'S PLAN OF CORRECTION   CAMPACTURE   CAMPAC	NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO			
MITTE RIVER, SD 57579  WHITE RIVER, SD 57579  WHITE RIVER, SD 57579  REQULATORY OR LSC IDENTIFYING INFORMATION)  FREFIX TAG  FREQULATORY OR LSC IDENTIFYING INFORMATION)  FREGULATORY OR LSC IDENTIFYING INFORMATION  CACH COORSE-REFRERCEDED TO THE APPROPRIATE COMMETION  CACH CORRECTURE ACTORY SHOULD IN CACH IN THE APPROPRIATE COMMETION  CACH CORRECTURE ACTORY SHOULD IN CACH IN CACH IN CACH IN THE APPROPRIATE COMMETION  CACH CACH CACH PROPOPIATE  Dietary Manager or Designee visually audited the sanitation process of the dishwasher and ended on 05/12/21 and 10.51/21 a	WHITE R	IVER HEALTH CARE	CENTER	1				
F 812 Continued From page 6 working, and both confirmed the dishwashing machine had broken in the same manner recently before. Neither could remember the last time the dishwasher and cookware ran through the dishwasher since 5/1/21 had been used for dining service at all meals between 5/1/21 and 5/4/21.  During an interview with Cook 2 on 5/4/21 at 9:50 AM, the water temperature in the dishwasher was obtained at the hottest part of the dishwashing cycle, and the temperature was 122 degrees. Cook 2 verified the machine temperature usually ranged between 120 and 130 degrees at hottest part of cycle.  During an interview with Cook 2 on 5/4/21 at 10:33 AM, she stated the facility's three compartment sink had not been used to wash dishes since the prior summer when water had temporarily been cut off to the facility. She further stated that when the dishwasher wasn't working, staff could usually "tweak" the tubing to make it work again, so they had not needed to use the three-compartment sink for that purpose. She further stated that, to her knowledge, no one had recently been in to the facility to service or repair the dishwasher. It to the knowledge, no one had recently been in to the facility to service or repair the dishwasher. It to her knowledge, no one had recently been in to the facility to service or repair the dishwasher. It to her knowledge, no one had recently been in to the facility to service or repair the dishwasher. It to her knowledge, no one had recently been in to the facility to service or repair the dishwasher. It to her knowledge, no one had recently been in to the facility to service or repair the dishwasher. It to her knowledge, no one had recently been in to the facility to service or repair the dishwasher. It to her knowledge, no one had recently been in to the facility to service or repair the dishwasher. It to her knowledge, no one had recently been in to the facility to service or repair the dishwasher. It to her knowledge, no one had recently been in to the facility to service or repair					WHITE RIVER, SD 57579		5	
working, and both confirmed the dishwashing machine had broken in the same manner recently before. Neither could remember the last time the dishwasher had been routinely serviced. Cook 2 confirmed dishes and cookware ran through the dishwasher since 5/1/21 had been used for dining service at all meals between 5/1/21 and 5/4/21.  During an interview with Cook 2 on 5/4/21 at 9:50 AM, the water temperature in the dishwasher was obtained at the hottest part of the dishwashing cycle, and the temperature was 122 degrees. Cook 2 verified the machine temperature usually ranged between 120 and 130 degrees at hottest part of cycle.  During an interview with Cook 2 on 5/4/21 at 10:33 AM, she stated the facility's three compartment sink had not been used to wash dishes since the prior summer when water had temporarily been cut off to the facility. She further stated that when the dishwasher wasn't working, staff could usually "tweak" the tubing to make it work again, so they had not needed to use the three-compartment sink for that purpose. She further stated that, to her knowledge, no one had recently been in to the facility to service or repair the dishwasher.  Dietary Manager or Designee visually audited the sanitation process of the dishwasher wasn'tched. He dishwasher and tended to no5/12/21 no deflorencies were found, then continued to audit ongoing with the schedule of 2 times a week for 2 weeks, then once a week for 1 weeks, monthly for 4 months, and then quarterly until found in substantial compliance. Three stoppers were purchased on 05/04/2021 by Maintenance Supervisor for the three compartment sinks.  Reinhart serviced the dishwasher and ensured proper functioning on Wednesday May 5th. Reinhart has been scheduled to provide routine maintenance of the dishwasher very 4 to 6 weeks and as needed. Dietary Manager will use auditing tool to ensure the regular dishwasher policy. All dietary staff could usually "tweak" the tubing to make it work again, so they had not needed to use the three-compartment sink for that p	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFI)	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	SHOULD BE	(X5) COMPLETION DATE	
a level adequate to cover all cookware. The DA	F 812	working, and both of machine had broke recently before. Neitime the dishwashe Cook 2 confirmed of through the dishwashe used for dining services of the dishwashing an interview AM, the water temp was obtained at the dishwashing cycle, degrees. Cook 2 vetemperature dishwashing cycle, degrees at hotto During an interview 10:33 AM, she state compartment sink his dishes since the pritemporarily been custated that when the staff could usually work again, so they three-compartment further stated that, to recently been in to the dishwasher.  On 5/4/21 between was observed demostopers on sinks of therefore the DA was the control of the dishwasher.	confirmed the dishwashing in the same manner lither could remember the last in had been routinely serviced. It is and cookware ran sher since 5/1/21 had been rice at all meals between with Cook 2 on 5/4/21 at 9:50 learning the temperature was 122 learning the temperature was 122 learning the machine was a low learning to the machine was a low learning the machine was a low learning to the facility's three learning the learning to make it had not needed to wash or summer when water had it off to the facility. She further learning the tubing to make it had not needed to use the sink for that purpose. She of her knowledge, no one had the facility to service or repair 10:45 and 11:03 AM, the DA constrating the use of the partment sink. The drain ne and two were broken, and its unable to fill those sinks to	F8	Dietary Manager or Designer audited the sanitation process dishwasher daily for a week ended on 05/12/21 no deficite found, then continued to aud with the schedule of 2 times weeks, then once a week for monthly for 4 months, and the until found in substantial come Three stoppers were purchast 05/04/20201 by Maintenance for the three compartment sin Reinhart serviced the dishwasensured proper functioning of Wednesday May 5th. Reinhart scheduled to provide routine maintenance of the dishwash to 6 weeks and as needed. If Manager will use auditing too the regular dishwasher maintocurring and will bring to Quantity.  The Dietary Manager was resulted by the administrator 5/04/2020 compartment sink and dishwasher sanitation policy. All staff working on 5/4/2021 we immediately educated on the compartment sink policy and dishwasher policy. Education dietary staff not present on 5 was completed on 5/5/2021 for the staff working on 5/5/2021 for the sanitation provides and dishwasher policy. Education dietary staff not present on 5 was completed on 5/5/2021 for the sanitation provides and dishwasher policy.	ss of the which encies were it ongoing a week for 2 4 weeks, en quarterly apliance, sed on a Supervisor asher and an art has been her every 4 Dietary of to ensure tenance is API  -educated 21 on the 3-rashing I dietary ere a 3-in to the 1/4/2021		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		43A089	B. WING			05/	06/2021
WHITE RIVER HEALTH CARE CENTER  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	5 <sup>,</sup> <b>V</b> I	TREET ADDRESS, CITY, STATE, ZIP CODE  15 E 8TH STREET  WHITE RIVER, SD 57579  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 812	a while, and so he from draining from dishcloth or rag into DA was not able to he obtained plastic wrap to attempt to a wrap was observed top of the water, all drain from the sinks first sink. The second dishes/cookware. To device to stop water to an adequate level appropriate amount water and checked adequate with a real not check the temp (the dish washing so fat least 110 degret to demonstrating the "During an interview Director of Nursing a report of the resid gastrointestinal (GI) The DON stated sheeling well over the signs/symptoms of and lack of appetite were residents that constipation) and moduld explain why the documented episod stated she would prossible.	the sinks had been broken for usually tried to keep water the sinks by stuffing a the mouth of the drain. The find a dishcloth or rag, and so wrap and used the plastic block the drain. The plastic to intermittently float to the owing water to continue to a Dish soap was added to the find sink was used to rinse the third sink had a working or from draining and was filled at the adding of 100 PPM. The DA did erature of the water in sink 1 ink) to ensure a temperature ees F per facility policy prior a dishwashing process.  In the DA added the the sanitizer level, which was adding of 100 PPM. The DA did erature of the water in sink 1 ink) to ensure a temperature ees F per facility policy prior a dishwashing process.  In the DA added the the sanitizer level, which was adding of 100 PPM. The DA did erature of the water in sink 1 ink) to ensure a temperature ees F per facility policy prior a dishwashing process.  In the DA added the the sanitizer level, which was adding of 100 PPM. The DA did erature of the water in sink 1 ink) to ensure a temperature ees F per facility policy prior a dishwashing process.  In the DA added the the the sanitizer level, which was adding of 100 PPM. The DA did erature of the water in sink 1 ink) to ensure a temperature ees F per facility policy prior e dishwashing process.	F &	312	All dietary staff completed a competency by 05-05-2021 covering the correct temperatures and sanitation of the dishwasher and 3-compartments in have competencies completed on the dishwasher and 3-compartment simprocess prior to working independent of the dishwasher sanitation.  Dietary Staff will visually audit that tubing is in the chemical bucket with each use of the dishwasher and the provide the chemical strip to adequately show proper chemical usage 3 times daily. Dietary Mang will monitor the usage of chemicals supply and demand. Dietary manal or designee will audit the chemical temp records for proper chemical usage and temperatures daily for oweek then weekly x 1 month then monthly x 3 months and as needed take to QAPI monthly.	ation ent will he k ently.  the en er s by ger and	

OLIVILL	TO I OIL WEDIOMILE	A MILDIONID OLIVICES			U	MD NO.	. 0930-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		43A089	B. WING	_		05/	06/2021
NAME OF	PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
WHITE RIVER HEALTH CARE CENTER			Ì		5 E 8TH STREET HITE RIVER, SD 57579		
				70	1111E RIVER, 3D 3/3/3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI) TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 812	the dishwasher che I write them down of last Friday (4/30/21 Before I left for vacato make sure they ke chemicals working week the machine wasn't coming out (it right away and capush the hose back ran dishes through (the dishwasher was wo vacation. I called (the company) right away they (dietary staff) to wasn't working, and maintenance compadown (to the facility) machine. Everyone meals served from the resident who is recected the dietary three-compartment had recently not been able to temporaway each time it has aware that two sinks weren't holding been using plastic wasn'ts working. When asked dishwasher was serrepresentative had orequested due to the Pandemic. She state was currently being	she stated, "I usually monitor mical and temp levels myself, in the log. I was here through) and then I went on vacation. Action, I told them (dietary staff) tept the (dishwasher) while I am gone. One day last wasn't working. The sanitizer of the tubing) and staff caught me to get me. I was able to in and re-prime (the tubing). I several times after that and it as working at that time. The rking fine up until I left for ne dishwasher maintenance by, this morning as soon as old me it (the dishwasher) they (the dishwasher any) are sending someone or right away to look at the in the building has their the kitchen except one siving tube feeds." The DM by staff had not used the sink when the dishwasher right ad broken. She stated she of the three compartment g water, and stated staff had wrap to hold the water in those how frequently the facility's viced, she stated the service only been coming when	F8		Dietary Staff were educated on 5/2 to immediately notify the dietary Manager or designee if the stopper not working correctly or if there are and to not use anything else to plug drains. Dietary staff were notified of 5/27/21 date, of extra stoppers and where to find them if any are missir All Dietary staff were educated by the Dietary Manger on 5/27/21 date, or adequate water levels in 3 compart sinks and how to properly use drain stoppers. A column was added to the compartment documentation sheet already in use for chemical verification include stoppers available. Dietar Manager or designee will check the for completion weekly and report to QAPI monthly.  Dietary Staff were educated on 5/2 about the 3 compartment sink water temperatures and adequate chemic requirement per the manufactures by Dietary Manager.  All audits will be brought to QAPI for evaluation of compliance monthly.	s are none of the on none of the on none of the on none of the one of the original of the orig	05/27/21

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY MPLETED	
		43A089	B. WING	B. WING			/06/2021
	PROVIDER OR SUPPLIER	CENTER		515 E	TADDRESS, CITY, STATE, ZIP CODE 8TH STREET E RIVER, SD 57579		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO' CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 812	broken sanitizer turbroken sanitizer turburing an interview Director on 5/4/21 dishwasher was urwith an outside corany work on it. He issue with the dish During an interview DON provided a R 9 residents who haduring 4/28 and 5/residents had a me symptom; specifical scheduled medical diarrhea (R1, R3, I and R229). The Diacute gastrointesti was a result of the had been left out a hours."  Review of R27's pland 5/3/21 revealed on 5/1/21 and 5/2/2 on 5/1/21. The noteat any meals on that the resident had the resident had the resident had attent the resident	e related to the issues with the bing prior to that morning.  with the Maintenance at 11:46 AM, he stated the order a maintenance agreement mpany, and so he did not do stated he was unaware of any	F	312			